

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**TIER 2.1 PERSONAL FINANCIAL DISCLOSURE STATEMENT**  
(ANNUAL)☒ ORIGINAL REPORTThis Report Covers Calendar Year: 2014☐ AMENDED REPORT

☒ I currently hold an office that would require me to file a Tier 3 Personal Financial Disclosure Statement.  
As such, I have completed SCHEDULE E.

Name of Filer (print full name) Helen Hemperley AdgerMailing Address PO Box 247City, State, Zip Gilliam, Louisiana 71029-0247Name of Board/Commission (no abbreviations): North Caddo Medical CenterDate of Appointment: September 1, 2008Date Appointment Expires: September 18, 2020Name of Spouse (print full name) n/a

Spouse's Occupation \_\_\_\_\_

Principal Business Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**CHECK ONE:**

- ☒ Neither I, nor any member of my immediate family, have a personal or financial interest in any entity, contract, or business, or a personal or financial relationship, that in any way poses a conflict of interest, which would affect the impartial performance of my duties as a member of the board or commission.
- ☐ I have attached a statement describing any conflicts, and actions I am taking to resolve or avoid the conflicts.

**Check all that apply:**

- ☒ I have filed my state income tax return for the previous year.
- ☐ I have filed for an extension of my state income tax return for the previous year.
- ☒ I have filed my federal income tax return for the previous year.
- ☐ I have filed for an extension of my federal income tax return for the previous year.

NOTE: La. R.S. 42:1124.2.1 does not provide you the opportunity to request an extension in filing your personal financial disclosure statement.

**Certification of Accuracy**

I do hereby certify that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge and belief.

Helen H. Adger

Signature of Filer

www.ethics.state.la.us

**LOUISIANA BOARD OF ETHICS**  
Post Office Box 4368  
Baton Rouge, Louisiana 70821

**Schedule A: Employment Information**

☐ Check if not applicable

☒ Filer ☐ Spouse ☐ Full-Time ☒ Part-Time

Name of Employer: Gilliam Gin Company

Job Title: Bookkeeper

Job Description: process paper work

☒ Filer ☐ Spouse ☐ Full-Time ☒ Part-Time

Name of Employer: Village of Gilliam

Job Title: Mayor

Job Description: Mayorial duties

☒ Filer ☐ Spouse ☐ Full-Time ☒ Part-Time

Name of Employer: North Caddo Medical Center

Job Title: Director

Job Description: Participate in Board of Director's meetings

☐ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time

Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

- You are required to disclose on SCHEDULE A employment information related to both you and your spouse.
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368  
Baton Rouge, Louisiana 70821

**Schedule B: Income from the State, Political**

☐ Check if not applicable **Subdivisions, and/or Gaming Interests**

☒ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)  
Type of Income: ☐ State ☒ Political Subdivision ☐ Gaming Interest

Name of Business (if applicable): Village of Gilliam

Name of Income Source: Mayor of Gilliam

Address: Main Street

City, State, Zip: Gilliam, Louisiana 71029

Amount of Income (exact dollar amount): \$ 0.00

☒ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)  
Type of Income: ☐ State ☒ Political Subdivision ☐ Gaming Interest

Name of Business (if applicable): North Caddo Medical Center

Name of Income Source: Board of Director

Address: 1000 South Spruce Street

City, State, Zip: Vivian, Louisiana 71082-0792

Amount of Income (exact dollar amount): \$ 1,100.00

☒ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)  
Type of Income: ☒ State ☐ Political Subdivision ☐ Gaming Interest

Name of Business (if applicable): LA DEPT OF STATE

Name of Income Source: ELECTION DIVISION

Address: PO BOX 94125

City, State, Zip: BATON ROUGE, LA 70814-9125

Amount of Income (exact dollar amount): \$ 750.00

\* You are required to complete SCHEDULE B if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\* The definitions for (and examples of) political subdivision, gaming interest, and business are found in the Instructions Section of this form.

**LOUISIANA BOARD OF ETHICS**  
Post Office Box 4368  
Baton Rouge, Louisiana 70821

## Schedule E: Other Offices/Positions Held

☐ Check if not applicable

Name of Office/Position: Mayor of Gilliam
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____

\*You are required to complete SCHEDULE E if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2.1 or 42:1124.3.

Revised June 2011

Form 417

[www.ethics.state.la.us](http://www.ethics.state.la.us)